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16a Professional fundraising fees (Part IX, column (A), line 11e) 0.0000 b Total fundraising expenses (Part IX, column (A), line 25) 13,017. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 73,747.76,021. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 356,747.328,021. 19 Revenue less expenses. Subtract line 18 from line 12 39,34339,709. 20 Total assets (Part X, line 16) 1,986,485.1,980,138. 21 Total liabilities (Part X, line 26) 13,875.31,422. 22 Net assets or fund balances. Subtract line 21 from line 20 1,972,610.1,948,716. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign REIKO NIIMI, PRESIDENT Type or print name and fitle Part ID JONES Preparer's signature	10					
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Sign Signature of officer Date Here REIKO NIIMI, PRESIDENT Type or print name and fille Print/Type preparer's name Preparer's signature Paid DAVID JONES	true,	, correc				21
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Paid DAVID JONES 21/24 3/14/2/ "self-employed P01361002					Date Check	PTIN
Preparer Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's EIN 52-1853933	Paid	1			3/12/21 if self-employe	P01361002
	Prep	arer			Firm's EIN	52-1853933

Use Only	Firm's address	10500	LITTLE	PATUXENT	PARKWAY,	SUITE	770]			
		COLUM	BIA, MD	21044				Phone no. 410 -	884	-0220)
May the IF	RS discuss this re	eturn with th	e preparer sho	wn above? (see ir	nstructions)				in the second	Yes	No
932001 01-20	0-20 LHA For	Paperwork	Reduction A	ct Notice, see the	separate instruc	tions.			F	orm 990	(2019)

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Acome Tax apt private foundations) a made public. IN 30, 2020 D Employer identification 52-1655741 E Telephone number (202)473-8 G Gross receipts \$ H(a) Is this a group return for subordinates?	751 459,693.
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G Gross receipts \$ H(a) Is this a group return for subordinates?	459,693.
H(a) Is this a group return for subordinates?	
for subordinates?	
n(D) Are all subordinates include	
If "No " attach a list	
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	If "No," attach a list. H(c) Group exemption nu- formation: 1989 M Sta DUCATION GRAN THEIR EDUCA han 25% of its net assets 4 5 6 7a 7b Prior Year 151, 155. 0. 194, 478. 50, 457. 396, 090. 283, 000. 0. 0. 0. 0. 0. 0. 0. 0. 0.

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer REIKO NIIMI, PRESIDENT Type or print name and title	Date
Paid	Print/Type preparer's name DAVID JONES DAVID JONES	Check PTIN iself-employed P01361002
Preparer Use Only	Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's address 10500 LITTLE PATUXENT PARKWAY, SUITE 770 COLUMBIA, MD 21044	Firm's EIN 52-1853933 Phone no.410-884-0220
May the 1 932001 01-	IRS discuss this return with the preparer shown above? (see instructions) 20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	X Yes No Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2019)MARGARET_N	ICNAMARA	EDUCATION G	RANTS	52-1655741	Page 2
Par	t III Statement of Program Service					
<u></u>	Check if Schedule O contains a respon				·····	<u></u>
1	Briefly describe the organization's mission: TO AWARD EDUCATION GRAM	ITS TO E	KCEPTIONAL W	OMEN FROM D	EVELOPING	
	COUNTRIES WHO ARE AT LE	EAST 25	YEARS OLD AN	D ENROLLED	AT UNIVERSITI	ES
	AMERICA.				AFRICA AND L	
2	Did the organization undertake any significant	t program servio	es during the year whic	h were not listed on th	ie	िल्ल
					Ye	s 🛣 No
	If "Yes," describe these new services on Sch	edule O.				s 🛣 No
3	Did the organization cease conducting, or ma		nanges in how it conduc	sts, any program servi	ces?Ye	S LALINO
	If "Yes," describe these changes on Schedule					~~
4	Describe the organization's program service a	ccomplishment	is for each of its three la	rgest program service	s, as measured by expenses	es. and
	Section 501(c)(3) and 501(c)(4) organizations		report the amount of gra	ants and allocations to	ouners, me total expenses	5, анч
4.	revenue, if any, for each program service report (Code:) (Expenses \$ 274	690.	uding grants of \$	252,000.)*(Revenue \$	
4 a	(Code:) (Expenses \$ 274 IN FY20, MMEG AWARDED 2	9 GRANT	S TO OUTSTAN	DING WOMEN	ATTENDING A	,
	VARIETY OF UNIVERSITIES		DING 8 WOMEN	ATTENDING	UNIVERSITIES	IN
	THE US AND CANADA, 11	IN SOUTH	AFRICA, AND	10 IN LATI	N AMERICA.	
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4b	(Code:) (Expenses \$	inc	luding grants of \$) (Revenue \$,
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4c	(Code:) (Expenses \$	inc	luding grants of \$) (Revenue \$)
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4d	Other program services (Describe on Schedu					
-14	• •	ding grants of \$) (Revenue \$)	<u> </u>
4 9		274,	690			·
					Form	1 990 (2019)
93200	2 01-20-20		~			
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Form 990 (2	2019)	MARGARET	MCNAMARA	EDUCATION	GRANTS
Part IV	Checklist of R	equired Schee	dules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		يېښېښېږې د خو د	4
	as applicable.			لمتعمدة
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>~</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			х
	Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d 11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	x	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	x	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	160		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	4		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		-	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X.	•
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		X
່ b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	د. مح		v
هر.	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X_

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Form **990** (2019)

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Form 990 (2019) MARGARET MCNAMARA EDUCATION GRANTS Part IV Checklist of Required Schedules (continued)

			Yes	No
~~	Did the superior time such many them #5 000 of grants or other exciptance to ar for domestic individuals on		res	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	x	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<u> </u>		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
o	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	<u> </u>	
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
	Schedule K. If "No," go to line 25a	24b		
		240		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	240 24d		<u> </u>
		240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a*		x
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2.54		
a				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ł
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>~</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27 1 4	2 A.	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	12.43%	2 A. 4 - 44	
	instructions, for applicable filing thresholds, conditions, and exceptions):	- 9.52Z		<u> </u>
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	- :	<u> </u>
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			x
	"Yes," complete Schedule L, Part IV	28c	-	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>^</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If *Yes, * complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
Dee	Note: All Form 990 filers are required to complete Schedule O	_38	_ <u>A</u>	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a U			
		1.52	ي آس ا	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			أسمسها
	(gambling) winnings to prize winners?	_1c	000	
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Form 990 (2019)			EDUCATION	
Part V Statements	Regarding Oth	er IRS Filings	and Tax Compl	iance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				4 E-	
	filed for the calendar year ending with or within the year covered by this return	2a	()		<u> </u>
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			; 	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•	•••••	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoi	nt)?	4a		X
b	If "Yes," enter the name of the foreign country 🕨				~ ·	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\ccoui	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b	L	Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c,		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions o	er gifts	1		
	were not tax deductible?	····		6b	· ·	
7	Organizations that may receive deductible contributions under section 170(c).			:. <u></u>	÷ . 	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se					X
b				7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			. .
	to file Form 8282?			70		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7ď		<u>-</u>	نحت ا	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		_ <u>~</u>
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g 7⊳		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7 <u>h</u>		^ 1
o	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	-		8	and a starting the	لنصحد
9	Sponsoring organizations maintaining donor advised funds.	•••••				: 1
a				9a	المحستات ا	inconversion of
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		•••••••••••••••••••••••••••••••••••••••	9b		
10	Section 501(c)(7) organizations. Enter:					1
	Initiation fees and capital contributions included on Part VIII, line 12	10a		1.		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	· · -	7-	್ಷೆಕೆ	, * j
11	Section 501(c)(12) organizations. Enter:				. ,	ng at a st
а	Gross income from members or shareholders	11a				a
	Gross income from other sources (Do not net amounts due or paid to other sources against] * .	., "	2
	amounts due or received from them.)	11b				التر الم
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			£ "	3 - 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			•, • • •	6 W	20 ary -
а	Is the organization licensed to issue qualified health plans in more than one state?		•••••	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				2 n.2	
þ,	Enter the amount of reserves the organization is required to maintain by the states in which the	ı	I	، نې د ا	, ^ E	i≞ . •₩ "
	organization is licensed to issue qualified health plans	13b			<u>.</u>	Н
	Enter the amount of reserves on hand	13c		· ". "		<u>, 1</u>
			·	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					v
	excess parachute payment(s) during the year?			15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.			40	te standations	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investments for a section 4700. School 10.0	it inco	mer	16		
	If "Yes," complete Form 4720, Schedule O.			L		d

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Form 990 (2019)

MARGARET MCNAMARA EDUCATION GRANTS

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Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Γ**Υ**

	Check if Schedule O contains a response or note to any line in this Part VI	••••••		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a13	• •	. :	د
	If there are material differences in voting rights among members of the governing body, or if the governing		. ×	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		÷	
ь	Enter the number of voting members included on line 1a, above, who are independent 1b 13		v#: 3	81. 81
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	<u> </u>	3	
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
•	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		I. my	
a	The governing body?	8a	X	1
b	Each committee with authority to act on behalf of the governing body?	8b	x	e,
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			1
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	· · ·	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	چىسىيە		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		,	-
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		يوند .	3
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		rian rita.	n ng Ngang tang ta
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	• \$ •	-	ر د پیریهیش
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	، منتخف		- *
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MD, VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			

⊥ Own website J Another's website Upon requ *a*.

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	THE ORGANIZATION - (202)473-8751

1818 H	STREET	NW,	MSN	J2-202,	WASHINGTON,	DC	20433
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Form 990 (2019)

MARGARET MCNAMARA EDUCATION GRANTS

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
· · · · · · · · · · · · · · · · · · ·	Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VI

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per	do box	not c	(C Pos heck ss pe	C) ition more rson	- than isbot	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) REIKO NIIMI	12.30	x		x				0.	0.	0.
PRESIDENT	9.00	^	<u> </u>	<u>^</u>		<u> </u>	<u> </u>	. <u>.</u> U.		
(2) MADELEINE DE KOCK, VP UNTIL AUGUST, THEN DIRECTOR	9.00	x		x				ο.	ο.	0.
(3) VESNA DE LA BORDE, SECRETARY,	2.70	Δ		~					· · ·	
THEN VP AS OF SEPT. 2019	2170	x		x				ο.	Ο.	0.
(4) ROSEMARIE S. VALMONTE	2.70									
SECRETARY AS OF SEPT. 2019		x		х				0.	Ο.	· O.
(5) BRINDA DAYAL PRAKASH	4.00								· · · ·	
TREASURER		x		X				0.	0.	0.
(6) BRIGID HOLLERAN	5.80									
DIRECTOR		X						0.	0.	0.
(7) ANTHEA LEVY	1.40									_
DIRECTOR		X						0.	0.	0.
(8) LEDDA MACERA	3.20				ł					
DIRECTOR		X						.0.	0.	0.
(9) ANA SAVASTANO	4.80								•	· 0
DIRECTOR	- C 00	X			,	1	<u> </u>	0.	0.	0.
(10) MARTA GONZALEZ DE LA PENA ROYO DIRECTOR	6.00	x						0.	0.	0.
(11) AMANDA FERNANDES	2.00									
DIRECTOR AS OF JULY 2019		x						Ο.	Ο.	0.
(12) PRISCILLA RACHUN LINN	2.00		_			ſ				
DIRECTOR AS OF JULY 2019		X						0.	0.	0.
(13) STEPHANIE J. MILLER	2.00									
DIRECTOR AS OF JULY 2019		Х						0.	0.	0.
	-									
							<u> </u>		·	<u> </u>
· · · · · · · · · · · · · · · · · · ·	 									<u> </u>
					<u> </u>	·				Form 990 (2019)

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Form 990 (2019)

2019.05040 MARGARET MCNAMARA EDUCATION 17650____

		ET MCNAMA								52-165	5741	. Page 8
Pa	rt VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees,	and	d Hi	ghe	st C	compensated Employe	es (continued)		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	officer director		ssper dadi	itión more rson i irecto	than is bot	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	con f org an	(F) stimated mount of other pensation rom the ganization id related anizations
		· · · ·			,		• •		, . 5.			
	· · · · ·											
									• •	. 3		، در م
										с <u>т</u>		• <i>•</i> •
									·			
							-					
	Subtotal Total from continuation sheets to Pa								0.	0	•	0.
d	Total (add lines 1b and 1c)						, I		0.	0	•	٠٥.
2	Total number of individuals (including compensation from the organization		ose	liste	d ab	ove	e) wh	io re	eceived more than \$100	,000 of reportable		0
3	Did the organization list any former of	ficer, director, trust										Yes No
4	line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is t								ner compensation from		3	X
-	and related organizations greater than	\$150,000? If "Yes,"	" CO	mple	te S	che	dulè	Jf	or such individual		4	X
5	Did any person listed on line 1a receiver rendered to the organization? If "Yes,"										5	X
Sec	tion B. Independent Contractors	•										
1	Complete this table for your five highe the organization. Report compensation							1			nsation [.]	from
	(A Name and busi))NE					(B) Description of s		(Compe	C) Insation
							2	·		· · ·		
								-				
								+	<u>·</u>			
								-+	ź	,		_ _
								1				
2	Total number of independent contract \$100,000 of compensation from the or		ot lir	nitec	l to	thos 0		ted	above) who received m	ore than		ية المركزية الم مركز المركزية المركزية الم
93200	8 01-20-20								•		Form	990 (2019)

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Pa								
· ·			Check if Schedule O contains a respons	e or note to any lir	ne in this Part VIII			
				.	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns 1a Membership dues 1b		ی . ایس او این . ایس		、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、、	
Őğ			Fundraising events	60,622.		е — — — — — — — — — — — — — — — — — — —		
ifts ar A			Related organizations			,	이는 같더라	
aji Gili			Government grants (contributions) 1e	_	2	-		
к			All other contributions, gifts, grants, and			* • • · · ·		
her		•	similar amounts not included above 1f	142,729.	<i>r</i>	• •		
ΪŎ		~	Noncash contributions included in lines 1a-1f 1g \$	23,735.		- * ·		
- Du		-	Total. Add lines 1a-1f		203,351.		ر چې د _ • تو همدره کې	> \$1.5 * 2 6.5 *
0				Business Code				աստանան Հատությունը աստելու Հունելու տել
e	2	2			A THE AND A CONSTRUCT	-	a <u>1</u>	<u>, 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 </u>
vic.	2	a b		·	·			
Ser		c	·	·			, . .	
E		2		·	· · ·			
Program Service Revenue		u o	·	·				· · ·
Pro			All other program service revenue			<u> </u>		
			Total. Add lines 2a-2f					
_	3	2	Investment income (including dividends, inte					
	-		other similar amounts)		76,726.			76,726.
	4		Income from investment of tax-exempt bond					
	5				_			
	-		Royalties	(ii) Personal	: <u>-</u>			
	6		Gross rents 6a		- 			
			Less: rental expenses		5 6	9 	1. N. A.	د. د 9 ها میدانم به
			Rental income or (loss) 6c		4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 ⁻ . 4 ⁻ .	а "кана Спорти и и и и и Спорти и и и и и и и и и и и и и и и и и и	ະ ຈະແລະ
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities				به مناقب من من م	, <u>e</u>
	-	-	assets other than inventory 7a 165,000					عدة دلاس عربه أربي
		b	Less: cost or other basis			ينيند . تيسيد مير مير . موجد مير .		بىيەر سىرىيە ر
ne			and sales expenses 7b 168,886	•	<u>.</u>	, **		وأحداث وحديده
Revenue		С	Gain or (loss) 7c -3,886	•	، سرجم اف اللہ بختے سے سے بی ک	ر مەربىيە بەربىيە تەربى		هر بي مشيد شي
Re			Net gain or (loss)		-3,886.			-3,886.
her	8	a	Gross income from fundraising events (not		یونه باغه می اس اینه از مراسی		ware and the second	i i i i i i i i i i i i i i i i i i i
oth			including \$ 60,622. of		اد المراجع الم الإيراجية الم			115 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			contributions reported on line 1c). See					
			Part IV, line 18		أيلاء موت بات	en ne un a-		
			Less: direct expenses8			ארא איז איז איז איז איז איז איז איז איז אי	ji i i	
			Net income or (loss) from fundraising events	<u>, ,, </u>	12,121.	c		12,121.
	9	a	Gross income from gaming activities. See	1	5 - Sta	· .		$\mathbf{M} = \begin{bmatrix} 1 & \dots & 1 \\ 0 & \dots & 1 \end{bmatrix} \begin{bmatrix} 1 & \dots & 1 \\ 0 & \dots & 1 \end{bmatrix}$
			Part IV, line 19					L Carlor Proder
			Less: direct expenses 9	b	<u> </u>			ೆ ಒಂಬಳಿಸಿದ್ದಾರೆ.
			Net income or (loss) from gaming activities	<u></u>			n 14	
	10	а	Gross sales of inventory, less returns and allowances 10			्र म		
		•	and allowances 10 Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					<u> </u>
_		÷	The moune of these normalies of inventory	Business Code	* _ ^			
Miscellaneous Revenue	11	а			· _		=	
nue		b						
eve Bve		г С	_					
Ϊŝč Β		-	All other revenue			× 2		•
2			Total. Add lines 11a-11d			1	22 49	100 B
	12	_	Total revenue. See instructions		288,312.	0.	<u> 0 </u>	84,961.
93200	9 01-	20	- <u>.</u>					Form 990 (2019)

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MARGARET MCNAMARA EDUCATION GRANTS

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Form 990 (2019) MARGARET MCNA Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			алан (1997) м ¹	; ;
	Grants and other assistance to domestic				
	ndividuals, See Part IV, line 22	105,000.	105,000.		*
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			- 11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	1 2 "
	ndividuals. See Part IV, lines 15 and 16	147,000.	147,000.		್ರ ಕ್ಷೇತ್ರ ಕ್ಷೇತ್ರ
	Benefits paid to or for members				•
	Compensation of current officers, directors,	. :			~
	rustees, and key employees				
6 (Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			1	
					•
7 (Other salaries and wages			······································	
	Pension plan accruals and contributions (include				-42
	ection 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	ees for services (nonemployees):				
a N	Management				
bι	egai				
c A	Accounting	6,500.		6.,500.	
	obbying				
еF	Professional fundraising services. See Part IV, line 17			-	
fli	nvestment management fees	13,384.		13,384.	
	Other. (If line 11g amount exceeds 10% of line 25,				
C	olumn (A) amount, list line 11g expenses on Sch O.)	44,250.	15,488.	17,257.	11,505
12 A	dvertising and promotion				
	Office expenses	1,340.	590.	10.	740
	nformation technology	6,303.	6,076.	151.	76
	Royalties				
16 C					
	ravel			· ·	
	ayments of travel or entertainment expenses		:		
	or any federal, state, or local public officials				
		320.		160.	160
	Conferences, conventions, and meetings	5201	;		100
	hterest				
	Payments to affiliates	1,609.	536.	537.	536
	Depreciation, depletion, and amortization	1,422.	550.	1,422.	000
	Isurance	⊥,4444 • 		1,4 44.	
a	ther expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If	1.245 T	• e• e ³ e	· · · · · · · · · · · · · · · · · · ·	్ రాజి సి.కొంది
i lii	ne 24e amount exceeds 10% of line 25, column (A)		±2 ≮ €		in the second second
	mount, list line 24e expenses on Schedule 0.)	003	السنو ،	<u> </u>	
	REGISTRATION FEES	893.		893.	
ъ_				•-	
° –					
d _					
	Il other expenses				
	otal functional expenses. Add lines 1 through 24e	328,021.	274,690.	40,314.	13,017
6 J	oint costs. Complete this line only if the organization				
ГE	ported in column (B) joint costs from a combined				
e	ducational campaign and fundraising solicitation.				
~	heck here b if following SOP 98-2 (ASC 958-720)				

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Form 990 (2019)

Form 990 (2019)

MARGARET MCNAMARA EDUCATION GRANTS

52-1655741 Page 11

Part X	Ba	lance	Shee
--------	----	-------	------

	Check if Schedule O contains a response or not	e to ar	line in this Part X			
					1	
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		-	22,127.		-6,352.
2	Savings and temporary cash investments			50,440.	2	116,925.
3	Pledges and grants receivable, net				3	25,000.
4	Accounts receivable, net		,		4	
5		· · · · · ·	1			
	trustee, key employee, creator or founder, subst	ی شدهمانیانی کار مراجع	منتشر	-		
	controlled entity or family member of any of thes		5			
6	Loans and other receivables from other disqualit): Y			
	under section 4958(f)(1)), and persons described	d in se	tion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net	•			7	
					8	
9			•		9	
10a	Land, buildings, and equipment: cost or other		i		2	41
	basis. Complete Part VI of Schedule D	10a	4,983.			And a second response of the second s
b	Less: accumulated depreciation	10b	4,983.	1,609.	10c	
11	Investments - publicly traded securities			1,912,309.	11	1,844,565.
12			12	<u> </u>		
13			13			
14			14			
15		-	15			
16					16	1,980,138.
17	Accounts payable and accrued expenses		17	1,422.		
18			18	30,000.		
19			19			
20					20	
21					21	·
22	Loans and other payables to any current or form	ner offi	er, director,	المأقفين والمراجع		n Su Su Marine a marine an angle (Salaran
	trustee, key employee, creator or founder, subst	antial	ontributor, or 35%		i da sa second	
	controlled entity or family member of any of thes	se pers	ns		22	
23	Secured mortgages and notes payable to unrela	ated th	d parties		23	
24	Unsecured notes and loans payable to unrelated	d third	arties		24	-
25	Other liabilities (including federal income tax, pay	yables	o relatêd third			
	parties, and other liabilities not included on lines	17-24	Complete Part X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25		,	13,875.	26	31,422.
	Organizations that follow FASB ASC 958, che	ck he		· · · · · · · · · · · · · · · · · · ·		i da e de la composición de
	and complete lines 27, 28, 32, and 33.			التيوغان الأند معراجين بالماني		the set of
27	Net assets without donor restrictions			1,972,610.	27	1,948,716.
28	Net assets with donor restrictions				28	
	Organizations that do not follow FASB ASC 9	58, ch	ckhere 🕨 🛄	n ay mara na ang anga ang ang ang ang ang ang ang ang ang ang		وروي پېږې وي ور د محمد په د د وهندو وروي پېږې وي وي د محمد په د د وهندو
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30					30	<u> </u>
31	Retained earnings, endowment, accumulated in	come,	r other funds		31	
32	Total net assets or fund balances					1,948,716.
				1,986,485.	33	1,980,138. Form 990 (2019)
	4 5 6 7 8 9 10 a b 11 12 13 14 15 6 7 8 9 10 a b 11 12 13 14 15 6 17 18 19 20 1 22 23 24 25 26 27 28 . 29 30 31 32	 Accounts receivable, net Loans and other receivables from any current of trustee, key employee, creator or founder, subsi- controlled entity or family member of any of thes Loans and other receivables from other disquali- under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 1 Investments - program-related. See Part IV, line 1 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equality) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete I Loans and other payables to any current or form trustee, key employee, creator or founder, subsi- controlled entity or family member of any of these Secured mortgages and notes payable to unrelated Other liabilities (including federal income tax, pai parties, and other liabilities not included on lines of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 95 and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equilated earnings, endowment, accumulated in Total net assets or fund balances 	 Accounts receivable, net Loaris and other receivables from any current or former trustee, key employee, creator or founder, substantial controlled entity or family member of any of these person Loans and other receivables from other disqualified person under section 4958(f)(1)), and persons described in sect Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1: through 15 (must equal line 33 Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodiat account liability. Complete Part IV of Loans and other payables to any current or former office trustee, key employee, creator or founder, substantial controlled entity or family member of any of these person Secured mortgages and notes payable to unrelated third p Other liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24). of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Net assets with donor restrictions Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipmen Retained earnings, endowment, accumulated income, o Total net assets or fund balances 	 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Investments - publicly traded securities Investments - publicly traded securities Investments - program-related. See Part IV, line 11 Intagible assets Cother assets. See Part IV, line 11 Intagible assets Cother assets. See Part IV, line 11 Intagible assets Cother assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodiat account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here Implete lines: 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund bal	4 Accounts receivable, net 5 Leans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Leans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(5) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a 4,983. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intraggible assets. 15 Other assets. See Part IV, line 11 16 Other assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 10 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 20 Secured motigs and loans payable to unrelated third parties 21 Unsecured not	Accounts receivable, net 4 Lears and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Lears and other receivables from other disqualified persons (as defined under section 4958(b)(3)(B) 6 Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges 9 10a 4, 983. 7 10b 4, 983. 1,609. 10c 4,983. 1,609. 10a 4,983. 1,609. 10b 4,983. 1,609. 11 Investments - publicly traded securities 1,912.309. 11 Investments - publicly traded securities 1,986,485. 12 Investments - publicly traded securities 1,986,485. 13 Investments - publicly traded securities 1,986,485. 14 5 Other assets. See Part IV, line 11 13 11 Investments - publicly traded securities 1,986,485. 16 12 Accounts payable and accrued expenses 17 1,986,485. 16 12 Accounts payable

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Form	1990 (2019) MARGARET MCNAMARA EDUCATION GRANTS	52-1	655741	Page 1	2
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			🗆	<u>]</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,312	_
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,021	
3	Revenue less expenses. Subtract line 2 from line 1	3		709	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,972		
5	Net unrealized gains (losses) on investments	5	15	5,815	•
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0	•
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,948	<u>,716 ,</u>	•
Pa	rt XII Financial Statements and Reporting				-
	Check if Schedule O contains a response or note to any line in this Part XII	·····			
				Yes No	-
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			international Contention of the second se	·" -
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2a</u>	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a	- 4		
	separate basis, consolidated basis, or both:			ແມ່ນນີ້ນ ເມື່ອງ ແມ່ນນີ້ ເປັນເປັນເປັນເປັນເປັນເປັນເປັນເປັນເປັນເປັນ	
	Separate basis Consolidated basis Both consolidated and separate basis			لايد: ∂المالية مستقدية المقدمة	
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	نەڭ يەرىسىمە ر	نيسمبيو مراجع المراجع الم	- <u>-</u>
	consolidated basis, or both:		- ++++	يمين ^و تا ها مي	1
	X Separate basis Consolidated basis Both consolidated and separate basis		1		-
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch			د. گمگفت الاحمسی	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		<u>3a</u>	<u> </u>	<u>.</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u>3b</u>	00 (004	_

Form **990** (2019)

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SCHEDULE		-				r 0			OMB No. 1545-	0047	
(Form 990 or 9				rity Status an nization is a section 50					201	9	
Department of the Tre	20110/			47(a)(1) nonexempt cha Attach to Form 990 or I					Open to Pu	blic	
Internal Revenue Sen		►		v/Form990 for instructi			nformation.		Inspectio	m	
Name of the or	ganizatio				x				identification r		
				IARA EDUCATIO					<u>2-165574</u>	1	
				All organizations must co				ns			
				(For lines 1 through 12, c							
	•			on of churches describe			l}(A)(i).				
	•			(Attach Schedule E (Form							
				anization described in so onjunction with a hospita			-	N(iii) Enter	the hospital's n	amo	
	and state		ation operated in co	injunction with a hospita	described	1 11 30040		պար եռեւ	ule noopital o ne	1110,	
5 🗌 An o	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
			complete Part II.)			0/1-1/41/41	(A)			5. 	
				mental unit described in antial part of its support f				the general	public describe	d in	
	-			amarpan of its support	rom a gov	enninentai		the general	public describe	u. III	
			omplete Part II.)	(1)(A)(vi). (Complete Par	E IÉ Y						
				in section 170(b)(1)(A)		ed in coniu	Inction with a	a land-orant	college		
				culture (see instructions)							
	ersity:		,	· · · · ·							
10 🗌 An o	rganizatio	n that normal	lly receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, membel	rship fees, a	nd gross receip	ts from	
				ect to certain exceptions,							
incor	ne and u	nrelated busin	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	ired by the c	rganization	after June 30, 1	975.	
			nplete Part III.)								
				sively to test for public sa							
				sively for the benefit of, to							
				ed in section 509(a)(1) o					Aleck the DOX in		
				of supporting organizatio supervised, or controlled					aivina		
				egularly appoint or elect							
			complete Part IV, S								
	-			d or controlled in connec	tion with it	s support	ed organizati	ion(s), by ha	ving		
				anization vested in the s							
org	ganization	(s). You must	t complete Part IV,	Sections A and C.							
				ng organization operated				ally integrate	ed with,		
				s). You must complete							
d ∟ Ty	pe ill non	-functionally	/ integrated. A sup	porting organization oper	ated in co	nnection v	vith its suppi	orted organi	zation(s)		
				zation generally must sa				nd an attent	iveness		
				mplete Part IV, Section							
				written determination fro onally integrated support			атурет, тур	еп; туретт			
								٠.	•		
			about the support		••••••		••••••		-		
	e of suppo		(ii) ElN	(iii) Type of organization	(iv) is the orga in your governi	nization listed ng document?	(v) Amount o		(vi) Amount of		
: or	ganization			(described on lines 1-10 above (see instructions))	Yes	No	support (see	instructions)	support (see instr	uctions)	
		-									
	<u> </u>									<u> </u>	
							ł	-			
<u> </u>											
					<u> </u>					•	
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Total			8 16 [°] 6 [°]	· 财务之 · · · · ·		14122	l				

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 09-25-19
 Schedule A (Form 990 or 990-EZ) 2019

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 2019.05040 MARGARET MCNAMARA EDUCATION 17650_2

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Schedule A (Form 990 or 990 EZ) 2019 MARGARET MCNAMARA EDUCATION GRANTS 52-16557 Part II. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

52-1655741 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to gualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	157,055.	165,001.	184,900.	177,996.	203,351.	888,303.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	157,055.	165,001.	184,900.	177,996.	203,351.	888,303.					
5	The portion of total contributions	۰ ، ب	and the second s		The Arten and	Tratil T	j.e					
	by each person (other than a		A. to March		liter - Udite		ล					
	governmental unit or publicly	, 1, ¹ ,	Sa San Ing in market			50 Å						
	supported organization) included	· •••	محمد موردون شيو الأخرى م	أيوهاه كمراجر ورقدونا مس	na shaki kalendar	್ ಪ್ರೇಟೆಸ್ ಕಲ್ಲಾನ್ ಸಾರ್ಕ್ ಕಾರ್ಟ್ ಸ್ಟ್ರಾನ್ ಕ್ರಾರ್						
	on line 1 that exceeds 2% of the	ړې کې بېل د د د	، مىشەر بەرە چېرىپىر. • ئۇر ئەرىدىر	್ಷ ಮುಂದಿಕೆ ಮುಂದಿದ್ದರೆ. ಕ್ರಿಯಾಗಿಕೆ		n form Falter at						
	amount shown on line 11,		and the second	يون يونيوني الأسب من من يونيونيوني الأسب من	ىيە مىڭمىيە تە ر	annini: Shinka a sa anna	448 000					
	column (f)		· · · · · · · · · · · · · · · · · · ·				117,902.					
	Public support. Subtract line 5 from line 4.	at a second second	به هانه بخش بالاس من ا	ا شیسه این بر میشیم بندین می براها بسا	: م	ತನ್ನಡಲ್ಲಿ ೧೯೯೫ ಕಾರಿ ನ್ಯಾಪ್ತಿ ಮಾಹಿತ್ರಿ ಮಾಹಿತ್ರಿ ಕಾರ್ಯಕ್ರಿ	770,401.					
	Section B. Total Support											
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d)2018	(e) 2019 203,351.	(f) Total 888, 303					
	Amounts from line 4	157,055.	165,001.	184,900.	1//,990.	203,351.	000,303.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,	02 050	50 913	24 520	148,235.	76,726.	414,152.					
_	and income from similar sources	93,859.	60,812.	34,520.	140,233.	10,140.	414,152.					
9	Net income from unrelated business		:									
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)						1302455.					
	Total support. Add lines 7 through 10		- A.J."	1 6 80 100		12	58,521.					
12	Gross receipts from related activities, First five years. If the Form 990 is for			d fourth or fifth to			5075411					
13	organization, check this box and stop											
Sec	tion C. Computation of Publ			<u></u>	·····							
_	Public support percentage for 2019 (I		_	olumn (f))		14	59.15 %					
	Public support percentage from 2018					15	56.33 %					
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box o	n line 13, and line '	14 is 33 1/3% or n	nore, check this bo	x and					
	stop here. The organization qualifies											
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box '					
	and stop here. The organization quali											
17a	10% -facts-and-circumstances test											
	and if the organization meets the "fac											
١	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		►□					
b	10% -facts-and-circumstances test	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is 1	10% or					
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	eck this box and	s top here. Explain	in Part VI how the	,					
	organization meets the "facts-and-circ											
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t), check this box a	nd see instructions	<u>;) []</u>					

Schedule A (Form 990 or 990-EZ) 2019

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 20 <u>18</u>	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						<u> </u>
2	Gross receipts from admissions,				4		
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that					1	
	are not an unrelated trade or bus-						
	iness under section 513		<u> </u>	ļ			<u> </u>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	·					
5	The value of services or facilities			46			
	furnished by a governmental unit to						
_	the organization without charge			<u> </u>			<u> </u>
	Total. Add lines 1 through 5					<u> </u>	
71	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received	<u> </u>					
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			·			
	Add lines 7a and 7b		-				
	Public support. (Subtract line 7c from line 6.) ction B. Total Support	·			<u> </u>	<u> </u>	
_	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(4/2010	(2) 2010	(0, 2011	(<u> </u>
	Gross income from interest,		v. 7				
	dividends, payments received on					İ	
	securities loans, rents, royalties, and income from similar sources						l
1	Unrelated business taxable income						
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business				- ,		
	activities not included in line 10b, whether or not the business is					ļ	
	regularly carried on	I				·	
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)				ļ	L	<u> </u>
	Total support. (Add lines 9, 10c, 11, and 12.)						l
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organi:	zation,
	check this box and stop here				<u></u>		<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2019 (15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inve						%
17	Investment income percentage for 20)19 (line 10c, colur	nn (f), divided by i	ine 13, column (t))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18 1/2% and line	
19	a 33 1/3% support tests - 2019. If the	organization did n	not check the box	on line 14, and line	e to is more than	oo 1/3%, and line	
	more than 33 1/3%, check this box a	nastop here. The	organization qual	ries as a publicly s	supported organiz	ation	
I	b 33 1/3% support tests - 2018. If the	organization did n	NOT CHECK & DOX OF	1 line 14 or line 19a	a, and line to is m	ore unan 33 1/3%,	
	line 18 is not more than 33 1/3%, cho	eck this box and st	op here. The orga	Inization qualifies a	is a publicly supp	etructions	
	Private foundation. If the organization	<u>on địợ not check a</u>	box on the 14, 19	a, or ten, check ti	nis Dux and see in Cor	edule & /Form 99	0 or 990-EZ) 2019
9320	023 09-25-19			15	301	COME A li OINI DO	

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За

1.

Зb

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4a

4b

4c

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5b

5c

4.5

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9a

9Ъ

9c

10a

10h

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

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<u> </u>	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a	110.00	Charles and
	below, the governing body of a supported organization?			<u> </u>
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11C		L
300			Yes	No
	Did the directory trustees, or membership of one or more supported arguitations have the power to		103	i
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		اليوجو مرود ا	anner
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>	i i si	المبتية سأل
2	organization(s) that operate of the benefit of any supported organization of the function and the supported organization of the support of th		، , مراد	التيهد فلتتو
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		يې نځست سا	
	supervised, or controlled the supporting organization.	2		لسححه
Sec	tion C. Type II Supporting Organizations		L	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		-in man	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ی، چ تنبیدمند	منهمیونیمو	ا مېروپېيو ته
	or management of the supporting organization was vested in the same persons that controlled or managed	, <u></u> ,	್ಷ್ ಕ್ರಾಂಗ್	14. 1
	the supported organization(s).	1	in a d'esta anti i	tanatuit and
Sec	tion D. All Type III Supporting Organizations			
·			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		٤.	Ī
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		, ਖ	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		۲۵ 	<u>.</u>
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		· ·	- 95 H -
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	·····	1 : 	20 C
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	• ,		-
•	significant voice in the organization's investment policies and in directing the use of the organization's		n Li à	[-] -]
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	54	atur Standard	201-
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		. "	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	-		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			۰ °.
	those supported organizations and explain how these activities directly furthered their exempt purposes,		· · · ·	÷
	how the organization was responsive to those supported organizations, and how the organization determined	~~~		
	that these activities constituted substantially all of its activities.			· i
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	чы ^с ын	* مە ^{رىمە} مەر	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	· · · · ·	-	
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u></u>		j
~	activities but for the organization's involvement.	<u>2b</u>		
3	Parent of Supported Organizations. Answer (a) and (b) below.	~		
а		 3a	verden ⁽ lengt ^e lle	richter and
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	08		Ĭ
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	 3b	·	85.079 00 - 1

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Schedule A (Form 990 or 990-EZ) 2019

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Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		-
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	` ,		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line,4)	8		· · · · · · · · · · · · · · · · · · ·
ection B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			an in an tairt an tairt an statairt Tairt
instructions for short tax year or assets held for part of year):	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		د ده دی از ماسطوم المانی معید مرجعت
a Average monthly value of securities	1a		
· b Average monthly cash balances	1b		, P
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	۲	ي بنه منه ، در د د مر ه	، مەربەت باشىرىد تەرىكىدى مىڭ بايدىك ەن
factors (explain in detail in Part VI):	<u>بن</u> بن ا	tint	Azgli zitezz e uzz "lijemenenijen
2 Acquisition indebtedness applicable to non-exempt-use assets	2	•	
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		i	
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	`5		<u></u>
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		· · · · · · · · · · · · · · · · · · ·
Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount		inne i inne i gi gar an a'	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		- · · · · · · · · · · · · · · · · · · ·
2 Enter 85% of line 1.	2	ing a state	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	+		
emergency temporary reduction (see instructions).	6	a di malandaria.	
 Check here if the current year is the organization's first as a non-functional 	_	· · · · · · · · · · · · · · · · · · ·	nization (noc

instructions).

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Schedule A (Form 990 or 990-EZ) 2019

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	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exercise	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			· · · · · · · · · · · · · · · · · · ·
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i), Excess Distributions	(ii) Underdistributions	(iii) Distributable
000			Pre-2019	Amount for 2019
1.	Distributable amount for 2019 from Section C, line 6	and the second second second second second second second second second second second second second second second		
2	Underdistributions, if any, for years prior to 2019 (reason-			يې ته وې ستېږې د انو د تو اه موره د وم وسو ر د
-	able cause required- explain in Part VI). See instructions.	an share a market a		алан алан алан алан алан алан алан алан
3	Excess distributions carryover, if any, to 2019			مى يېچى مى قىلى بى يەرىپ مىرىيى بىرىيى ب
	From 2014		ಷ್ಟೆ ಸ್ವಾಮಾತ್ರಗ	
	From 2015			
	From 2016			
•	Fröm 2017			• • • • • • • • •
	From 2018			
·				
	Total of lines 3a through e	······································		<u>و د شقیق میں دور</u> و د شقیق میں میں میں اور
	Applied to underdistributions of prior years		······································	
	Applied to 2019 distributable amount	ితా కముర్లర్లు సంతోగ 		
	Carryover from 2014 not applied (see instructions)			an an an an an an an an an an an an an a
	Remainder. Subtract lines 3g, 3h; and 3i from 3f.	್ಷೆದ್ದ ಎ. ಇ ್ಲಿಟ್ ಎಲ್.		
4	Distributions for 2019 from Section D,		in the second	an the state of th
	line 7: \$			- <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u> <u>-</u>
	Applied to underdistributions of prior years	<u>م الم الم الم الم الم الم الم الم الم ال</u>		
	Applied to 2019 distributable amount	' a		
	Remainder. Subtract lines 4a and 4b from 4.	***	· · · »	•
5	Remaining underdistributions for years prior to 2019, if	· · · ·		a)
	any. Subtract lines 3g and 4a from line 2. For result greater			ia
	than zero, explain in Part VI. See instructions.	4 14 14 14 14 14 14 14 14 14 14 14 14 14		
6	Remaining underdistributions for 2019. Subtract lines 3h	· · · · · · · · · · · · · · · · · · ·	¥	
	and 4b from line 1. For result greater than zero, explain in		 به می بر مسال	
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.	<u> </u>		• 7 ±
8	Breakdown of line 7:			
	Excess from 2015	* * * * * * * * * * * * * * * * * * *		
-	Excess from 2016	· · · · ·		
-	Excess from 2017	* · · · +	· · · · · · · · · · · · · · · · · · ·	
	Excess from 2018	ал айл . . Ал ал ал ал ал ал ал ал ал ал ал ал ал ал	-	· · · ·
е	Excess from 2019	* * <u>+</u> * *		

Schedule A (Form 990 or 990-EZ) 2019

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chedule A (Form 990 or 990-EZ) 20	19 MAKGAKE	T MUNAMARA	PDOCALION		52-1655741 Pa
	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, an (See instructions.)	1, 2, 3b, 3c, 4b, 4	lc, 5a, 6, 9a, 9b, 9c, 1 art IV, Section F, line	11a, 11b, and 11c; F s 1c 2a 2h 3a and	Part IV, Section B, lines 3b Part V, line 1: Part	1 and 2; Part IV, Section C, V. Section B, line 1e; Part \
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Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

PUBLIC DISCLOSURE COPY

OMB No. 1545-0047

Employer identification number

Q

Name of the organization

Schedule B

(Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

or 990-PF)

	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation		t		
	4947(a)(1) nonexempt charitable trust treated as a private foundation		a 7a	· ·	
	501(c)(3) taxable private foundation	4			

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	Page 2
Name of organization	Employer identification number
MARGARET MCNAMARA EDUCATION GRANTS	52-1655741
[Part 1] Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u>		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3.		\$ <u>15,486.</u>	Person Payroll Noncash X (Complete Part-II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,967.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u> 15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$7,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)

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MARGAR	RET MCNAMARA EDUCATION GRANTS	52-1655741	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
3	176 SHARES BAXTER INTERNATIONAL INCORPORATED	\$15,4	86. 10/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
<u>4</u> 	23 SHARES APPLE INCORPORATED	\$5,9	<u>67.</u> <u>12/31/19</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
- <u>-</u> - ,		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

13090201 793927 17650

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Page 3

	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4					
Name of or	rganization			Employer identification number					
MARGAI	RET MCNAMARA EDUCATION (RANTS		52-1655741					
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in a through (a) and the following line or	section 501(c)(7), (8), or (10)) that total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious, cl	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. on	ce.) ▶ \$					
(a) No.	Use duplicate copies of Part III if additional s	space is needed.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
		• • • •							
		· · · · · · · · · · · · · · · · · · ·							
ŀ									
		(e) Transfer of gil	it						
	Transferee's name, address, an	d 719 ± 4	Belationship of tra	ansferor to transferee					
ŀ									
			÷.						
			·						
(a) No.	<u> </u>	•							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
Part I	·								
			— ——						
_									
	(e) Transfer of gift								
	Transferee's name, address, and ZIP'+ 4 Relationship of transferor to transferee								
-									
	· · · · · · · · · · · · · · · · · · ·		<u> </u>						
			· · · · · · · · · · · · · · · · · · ·	• • • • • •					
(-) N-									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I				······································					
	· · · · · · · · · · · · · · · · · · ·								
			. I						
		(e) Transfer of gif	t						
	Transformala norma indefensa inn	d 710 / 4	Dolationship of tra	Insferor to transferee					
ŀ	Transferee's name, address, an								
			<u> </u>						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held					
Part I	·		<u>*</u>						
	<u> </u>		<u> </u>						
-									
	(e) Transfer of gift								
	T	Deletionship of the							
	Transferee's name, address, an	uzir+4	netationship of tra	insferor to transferee					
	· · · · · · · · · · · · · · · · · · ·								
	·			. <u>.</u>					
923454 11-06	3-19	24	Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)					

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:

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047	
2019	
Open to Public	ļ
Inshearon	1

Name of the organization

DDUCASTON CDANES

Employer identification number 52-1655741

	MARGARET MCNAMARA EDUC			52-1055741
Par		ds or Other S	limilar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised	funds (b) Funds and other accounts
1	Total number at end of year			<u> </u>
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing t			
	are the organization's property, subject to the organization's exclusive			
6	Did the organization inform all grantees, donors, and donor advisors			
	for charitable purposes and not for the benefit of the donor or donor			
	impermissible private benefit?			
Päi	t II Conservation Easements. Complete if the organization		s" on Form 990, Part IV,	line 7
1	Purpose(s) of conservation easements held by the organization (che		1	
	Preservation of land for public use (for example, recreation or e	education)		prically important land area
	Protection of natural habitat	L	Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified con	servation contrib	ution in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic structure in			2c
d	Number of conservation easements included in (c) acquired after 7/2			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, released,	extinguished, or t	erminated by the organ	nization during the tax
	year			
4	Number of states where property subject to conservation easement		ing the selfing of	
5	Does the organization have a written policy regarding the periodic m			Yes No
	violations, and enforcement of the conservation easements it holds?			······
6	Staff and volunteer hours devoted to monitoring, inspecting, handlin	g of violations, af	id enforcing conservation	on easements during the year
_		deletions and on	fation conconvision of	soments during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and en	forcing conservation ea	sements during the year
-	\$	the requiremen	ts of section 170/b)(4)(F	3)(i)
8				
~	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation ease	monte in ite reve	nue and expense state	·····
9	balance sheet, and include, if applicable, the text of the footnote to t			
	organization's accounting for conservation easements.	ine organization e	interioral statements u	
Pai	t III Organizations Maintaining Collections of Art,	Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, P		· .	
	If the organization elected, as permitted under FASB ASC 958, not t		enue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for public exhi			
	service, provide in Part XIII the text of the footnote to its financial sta			
h	If the organization elected, as permitted under FASB ASC 958, to re			e sheet works of
-	art, historical treasures, or other similar assets held for public exhibit	ion, education, o	r research in furtheranc	e of public service,
	provide the following amounts relating to these items:	, .		
	(i) Revenue included on Form 990, Part VIII, line 1			. 🕨 \$
	(ii) Assets included in Form 990, Part X			` ▶ \$
2	If the organization received or held works of art, historical treasures,	or other similar a	ssets for financial gain,	provide
_	the following amounts required to be reported under FASB ASC 958	relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			. 🕨 \$
b	Assets included in Form 990, Part X		، 	. 🕨 \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.		Schedule D (Form 990) 2019
	1 10-02-19			

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1.000		T MCNAMARA	_	-				52-16			ige 2
Pa	t III Organizations Maintaining (ued)	
ą	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following the	at make s	significant	t use of its			
	collection items (check all that apply):										
.a	Public exhibition	c			hange progr						
b	Scholarly research	6	• 🗀	Other		-					
c	Preservation for future generations										
4	Provide a description of the organization's c	•		-	-			ose in Par	t XIII.		
5	During the year, did the organization solicit of								-		
	to be sold to raise funds rather than to be m								Yes		No
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	in answered	"Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		-						٦		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:			r				
				• •					Amount		
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
f	Ending balance		••••••				1f				
	Did the organization include an amount on F							L	Yes		No
	If "Yes," explain the arrangement in Part XIII										
Pa	t V Endowment Funds. Complete		T			17				5.1	<u> </u>
		(a) Current year	(b) F	Prior year	(c) Two yea	rs dack	(d) Inree	years dack	(e) Four	years c	jack
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses									-	
	Grants or scholarships		-								
e	Other expenditures for facilities								•		
	and programs										
	Administrative expenses										
-	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	•	lg, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
C		%									
	The percentages on lines 2a, 2b, and 2c sho	-									
За	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	nd administe	ered for th	ne organi:	zation	г	r	
	by:									Yes	No
	(i) Unrelated organizations							·····	3a(i)		
	(ii) Related organizations					••••••			3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	•			••••••	· · • • • • • • • • • • • • • • • • • •	••••••	••••••	3b		
4	Describe in Part XIII the intended uses of the		owment	tunds.							
<u>ra</u>	t VI: Land, Buildings, and Equipm			/ line data - C			line 10				
	Complete if the organization answere								()) () ()		
	Description of property	(a) Cost or o basis (investr		(b) Cost basis (••	cumulate preciation		(d) Book	valuē	
4-	Land				louiol -						
	Land						الآيان العاري				
	Buildings ' Leasehold improvements	···									
			-		4,983.		4,9	83.			0.
	Equipment				_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,5				<u>.</u>
	Other		X colur	nn (B) line 1							0.
TOTAL	nuu mes la mough le, joounn (u) muste	quari uni 330, Pdil	A, COMI					<u> </u>			<u> </u>

Schedule D (Form 990) 2019

932052 10-02-19

Schedule D (Form 990) 2019 MARGARET MC Part VII Investments - Other Securities.	NAMARA EDU	CATION GRANTS	52-165574 <u>1</u> Page 3
Complete if the organization answered "Yes"		/, line 11b. See Form 990, Part	X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other		<u> </u>	
(A) (B)			·
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	[ст. М. –	ماره وی منت می روند. مریک کر و و می می مریک کر و و و می
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			X, line 13. tion: Cost or end-of-year market value
(a) Description of investment	(b) Book value		tion. Cost of end-of-year market value
(1)		· · · · · · · · · · · · · · · · · · ·	
(2)		· ···	
(3)			··-
(4) (5)	· · · · · ·		
(6)			·
(7)			· · ·
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.	·		
Complete if the organization answered "Yes"	on Form 990, Part IV	/, line 11d. See Form 990, Part	
(a)	Description	·	(b) Book value
(2)	<u> </u>		
(3)		· ·	
			
(5)		·	
(6)			·
(7)			··
(8)			·······
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15)		_
Part X. Other Liabilities.	<u>e 10./</u>	<u></u>	
Complete if the organization answered "Yes"	on Form 990. Part IV	/. line 11e or 11f. See Form 99	0, Part X, line 25.
(a) Description of liability			(b) Book value
(1) Federal income taxes	<u> </u>		
(2)	· · · · · · · · · · · · · · · · · · ·		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990; Part X, col. (B) lin	e 25.)		
Liability for uncertain tax positions. In Part XIII, provide	e the text of the footr	note to the organization's finan	cial statements that reports the
organization's liability for uncertain tax positions unde	r FASB ASC <u>740. Ch</u>	eck here if the text of the footr	note has been provided in Part XIII 🛾 🕮

Schedule D (Form 990) 2019

932053 10-02-19

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Schedul	e D (Form 990) 2019 MARGARET MCNAMARA EDUCATION	GRA	NTS	52-16	55741	Page 4
Part >		nts Wi	th Revenue per R	leturn.		
L	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1 To	tal revenue, gains, and other support per audited financial statements			1	356,	137.
	nounts included on line 1 but not on Form 990, Part VIII, line 12:			a		
	et unrealized gains (losses) on investments	2a	15,815.			
	onated services and use of facilities	2b	62,899.	<u></u>		
	acoveries of prior year grants	2c		1 1		
	ther (Describe in Part XIII.)	2d	2,495.	1		
	dd lines 2a through 2d			2e	81,	209.
	Jbtract line 2e from line 1			3	274,	928.
	nounts included on Form 990, Part VIII, line 12, but not on line 1:					
	vestment expenses not included on Form 990, Part VIII, line 7b	4a	13,384.			
	ther (Describe in Part XIII.)	4b				
	d lines 4a and 4b	_		4c	13,	384.
5 To	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	288,	312.
Part X	KII Reconciliation of Expenses per Audited Financial Stateme	nts W	ith Expenses per	Return		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1 To	otal expenses and losses per audited financial statements			1	380,	031.
	nounts included on line 1 but not on Form 990, Part IX, line 25:	•••••				
	onated services and use of facilities	2a	62,899.			
	•	2b				
	ior year adjustments			x		
	ther losses		2,495.			
				2e	65.	394.
	dd lines 2a through 2d			3	314,	
	ubtract line 2e from line 1	•••••	·····	3 		<u> </u>
	nounts included on Form 990, Part IX, line 25, but not on line 1:		13,384.	1 m 5a : ·		
	vestment expenses not included on Form 990, Part VIII, line 7b		13,304.	- 14 - 14		
	ther (Describe in Part XIII.)		• •		13	384.
	dd lines 4a and 4b			4c	328,	
	tal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	•••••		5	5407	021.
	KIII Supplemental Information.		· · · · · · · · · · · · · · · · · · ·	4. D		·
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			4; Part X, 1	ine 2; Part X	Į,
lines 2d	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional inf	ormation.			
				-	<u> </u>	-
			,			
PART	X, LINE 2:	• •				
)orda	BELIEVES THAT IT HAS APPROPRIATE SUPPORT		סביצות עדאו אור פ	g T m T C	אוכ שאצ	FN
MMEG	BELIEVES THAT IT HAS APPROPRIATE SUPPORT	FOF	ANT TAN FU	STITC		
3 3 777		DOGT		א שסא	ΙΔΨΈΡΤΔ	т.
AND .	AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX	PUSI	TIONS THAT		AIGAIN	<u>.</u>
— ~ —				тта п		MDM
TO T	HE FINANCIAL STATEMENTS OR THAT WOULD HAV		FFECT ON	<u> </u>	AV-PVF	ME I
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STAT	US. THERE ARE NO UNRECOGNIZED TAX BENEFIT	SUP			и меёр	10
NH N						-
BE R	ECORDED.		· · ·	<u>`</u>		
			•.		•	
שמעמ	עד נדאור אם - היינרס אה דוופייאראייי					
PART	XI, LINE 2D - OTHER ADJUSTMENTS:					
רותוזים	RAISING EVENT EXPENSES				2.	495.

FUNDRAISING EVENT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES	·	2,495.
932054 10-02-19		Schedule D (Form 990) 2019

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Schedule D) (Form 990) <u>2019</u>	MARGARET	MCNAMARA	EDUCATION	GRANTS	52-1655741	Page 5
Part XIII	(Form 990) 2019 Supplemental Info	mation (continued	a)				
<u> </u>							
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	Statema	nt of Act	ivition (Jutside the U	nitod Sta	atae L	OMB No. 1545-0047
SCHEDULE F (Form 990)			n answered "	Yes" on Form 990, Pari			2019
Department of the Treasury	b 0 - +		Attach to	Form 990. structions and the lates	tinformation		Open to Public Inspection
Internal Revenue Service		www.irs.gov/ro	ormaan tor ins		a mornation.	· · · · · · · · · · · · · · · · · · ·	lentification number
Name of the organization							
MARGARET MCNAMA						52-165	
Part I General Info	rmation on A	ctivities Ou	tside the U	nited States. Compl	ete if the orgar	ization answe	red "Yes" on
Form 990, Part I							
 For grantmakers. Does the grantees' eligibility f 	s the organization or the grants or a	n maintain recor assistance, and	ds to substant the selection of	tiate the amount of its gr criteria used to award th	ants and other e grants or ass	assistance, istance?	X Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures fo	r monitoring the use of it	ts grants and o	ther assistanc	e outside the
3 Activities per Region. (T	he following Part				needed.)		
(a) Region	(b) Number of	employees		conducted in the region		vity listed in (d) (f) Total expenditures
·*	offices in the region	agents, and independent		ich as, fundraising, pro- s, investments, grants to		gram service, e specific type	for and
	in the region	contractors		located in the region)		(s) in the regio	
NORTH AMERICA -		in the region	<u> </u>				
CANADA AND MEXICO,							
BUT NOT THE UNITED					GRANTS TO I	RECIPIENTS	IN
STATES	0		PROGRAM SE	RVICES	REGION.	,	14,000.
SUB-SAHARAN AFRICA -	-						
ANGOLA, BENIN,						:#	
BOTSWANA, BURKINA					GRANTS TO I	RECIPIENTS	IN
FASO,	0	0	PROGRAM SE	RVICES *	REGION.		77,000.
SOUTH AMERICA -							
ARGENTINA, BOLIVIA,							
BRAZIL, CHILE,					GRANTS TO H	RECIPIENTS	
COLUMBIA, ECUADOR,	0	0	PROGRAM SE	RVICES	REGION.		56,000.
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			1				
					1		
		0	· · · ·				147,000.
3 a Subtotal		U U	an Kan Au		1		
b Total from continuation sheets to Part I	0	0		• · · ·		÷	0.
c Totals (add lines 3a	i			<u> </u>		····	
and 3b)	0	0			1	•	147,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2019

932071 10-12-19

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Schedule F (Form 990) 2019

MARGARET MCNAMARA EDUCATION GRANTS

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52-1655741

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
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	lang so fachtso f superse vite an an an an an an an an an an an an an							
- Part 1 1 1 1 1 1 1 1 1 1				-:				
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by the IRS, or for whi	ch the grantee or cou	unsel has provided a se	recognized as charities by th ction 501(c)(3) equivalency let	ter	····		L	_L · · _ · · · · · · · · · · · · · · · ·

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

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MARGARET MCNAMARA EDUCATION GRANTS

52-1655741

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.	
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(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	SUB-SAHARAN			· -			
	AFRICA - ANGOLA,						
•	BENIN, BOTSWANA,						4
SCHOLARSHIP GRANT.	BURKINA FASO,	11	77,000.	WIRE	0.		
	SOUTH AMERICA -						
	ARGENTINA,						
	BOLIVIA, BRAZIL,						
CHOLARSHIP GRANT.	CHILE, COLUMBIA,	8	56,000.	WIRE	0		
	NORTH AMERICA -						
	CANADA AND						
	MEXICO, BUT NOT			1			
SCHOLARSHIP GRANT.	THE UNITED STATES	2	14,000.	WIRE	0		
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Schedule F (Form 990) 2019

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1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yeş	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

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Schedule F (Form 990) 2019 MARGARET MCNAMARA EDUCATION GRANTS 52-1655741 Page 5
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
MMEG GRANT APPLICATIONS CONTAIN EXTENSIVE MATERIAL ABOUT FINANCIAL STATUS
AND STAGE OF STUDY. A SELECTION COMMITTEE, INDEPENDENT OF THE BOARD OF
DIRECTORS, REVIEWS ALL THESE MATERIALS, AND INTERVIEWS THE FINALISTS AND
THEIR REFERENCES ABOUT THEIR FINANCIAL AND STUDENT STATUS. ALL CANDIDATES
ARE THOROUGHLY VETTED. THE SELECTION COMMITTEE RECOMMENDS THE GRANT
RECIPIENTS TO THE BOARD OF DIRECTORS, WHICH HAS ULTIMATE APPROVAL
AUTHORITY FOR EACH GRANT. MMEG REQUIRES EACH GRANT RECIPIENT TO SIGN A
CONTRACT THAT COMMITS THE GRANT RECIPIENT TO USE GRANT FUNDS AS DESCRIBED
BY THE LETTER OF AWARD AND THE CONTRACT.
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Schedule F (Form 990) 2019

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SCHEDULE G	Suppleme	ntal Information Regarding	g Fune	drais	ing or Gaming	Activities	OMB No. 1545-0047			
(Form 990 or 990-EZ)	Complete if the	ete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury		Attach to Form 990 or Form 990-EZ. Open to Public Inspection Inspection								
Internal Revenue Service Name of the organization		Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification								
		T MCNAMARA EDUCAT				52-16				
v	ing Activities. complete this par	. Complete if the organization answ t.	rered "Y	'es" oi	n Form 990, Part IV,	line 17. Form 99	0-EZ filers are not			
a Ail Solicitati b Internet and c Phone solicit d In-person sol 2 a Did the organization	ions email solicitations ations licitations n have a written c	f Solicita g Specia or oral agreement with any individua	ation of ation of I fundra al (inclue	non-g gover iising o ding o	overnment grants nment grants events fficers, directors, tru:	stees, or	Yes No			
	highest paid indiv	art VII) or entity in connection with viduals or entities (fundraisers) purs organization.								
(i) Name and address or entity (fund	s of individual	(ii) Activity	(iii) fundr have ci or con contribu	ustody trolof	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (by) to (or retained by)			
<u> </u>		·	Yes	No						
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		n is registered or licensed to solicit		. >	s or has been notified	d it is exempt fro	m registration			
or licensing.										
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· · · · · · · · · · · · · · · · · · ·		ice, see the Instructions for Form		000		Sabadula G /Ea	rm 990 or 990-EZ) 2019			

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Schedule G (Form 990 or 990 EZ) 2019 MARGARET MCNAMARA EDUCATION GRANTS 52-1655741 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events NONE (add col. (a) through CRAFT FAIR col. (c)) (total number) (event type) (event type) Revenue 75,238. 75,238. 1 Gross receipts 60,622. 60,622. 2 Less: Contributions 14,616. 14,616. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs • 1 7 Food and beverages 8 Entertainment 2,495. 2,495. 9 Other direct expenses 495 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue ... 1 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % % Yes 6 Volunteer labor No No Nò 7 Direct expense summary. Add lines 2 through 5 in column (d) ► 8 Net gaming income summary. Subtract line 7 from line 1, column (d). 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? _ Yes | No b If "No," explain: Yes No 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

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Schedule G (Form 990 or 990-EZ) 2019

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Schedule G (Form 990 or 990 EZ) 2019 MARGARET MCNAMARA EDUCATION GRANTS 52-	165574	41 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Ye	s No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_	
to administer charitable gaming?	└── Ye	s ∟ No
13 Indicate the percentage of gaming activity conducted in:	Lan L	
a The organization's facility		%
b An outside facility	_13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name		
Address		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 Ye	s 🗖 No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	•	<u>,</u>
of gaming revenue retained by the third party ►\$		•
c If "Yes," enter name and address of the third party:		
Name 🕨		
Address ►		
16 Gaming manager information:		
Name		<u>. </u>
Gaming manager compensation 🕨 \$		
Description of services provided		·
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	—]	
retain the state gaming license?	🖵 Ye	s 🛄 No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I.	art III, lines	9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
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932083 09-11-19 Schedule G (For		
932083 09-11-18 Schedule G (For		

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chedule G (Form 990 or 990 EZ) Part IV Supplemental Info	MARGARET	ed)			52-16	-
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SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990,							
Department of the Treasury Internal Revenue Service	· _		► Go to www.ir		m 990. Ir the latest inform	nation.		Open to Public
Name of the organizat		MCNAMARA	EDUCATION G	RANTS				Employer identification number 52-1655741
Part I Géneral Ir	formation on Grants a							
	ation maintain records		-		• •			
criteria used to a	ward the grants or assi	stance?						🛄 🔀 Yes 🔲 No
	IV the organization's pro							
	d Other Assistance to hat received more than					anization answered "1	res" on Form 990, Pai	rt IV, line 21, for any
	Idress of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
	vernment		(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	
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	per of section 501(c)(3)							🛃
	er of other organization						·	Schedule I (Form 990) (2019)

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Schedule I (Form 990) (2019) MARGARET MCNAMARA EDUCATION GRANTS

52-1655741

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GRANTS		105,000.	. o.		
P		, <u>, , , , , , , , , , , , , , , , , , </u>			·
Part IV Supplemental Information. Provide the information r	equired in Part I, lii	ne 2; Part III, column) (b); and any other a	dditional information.	
PART I, LINE 2:	·				

MMEG GRANT APPLICATIONS CONTAIN EXTENSIVE MATERIAL ABOUT FINANCIAL STATUS

AND STAGE OF STUDY. A SELECTION COMMITTEE, INDEPENDENT OF THE BOARD OF

DIRECTORS, REVIEWS ALL THESE MATERIALS, AND INTERVIEWS THE FINALISTS AND

THEIR REFERENCES ABOUT THEIR FINANCIAL AND STUDENT STATUS. ALL CANDIDATES

ARE THOROUGHLY VETTED. THE SELECTION COMMITTEE RECOMMENDS THE GRANT

RECIPIENTS TO THE BOARD OF DIRECTORS, WHICH HAS ULTIMATE APPROVAL AUTHORITY

FOR EACH GRANT. MMEG REQUIRES EACH GRANT RECIPIENT TO SIGN A CONTRACT THAT

COMMITS THE GRANT RECIPIENT TO USE GRANT FUNDS AS DESCRIBED BY THE LETTER

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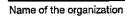
2019.05040 MARGARET MCNAMARA EDUCATION 17650___

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SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



MARGARET MCNAMARA EDUCATION GRANTS

Employer identification number 52-1655741

OMB No. 1545-0047

Open to Public

Inspection

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STRENGHEN THEIR LEADERSHIP SKILLS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TREASURER AND THE FINANCE COMMITTEE PERFORM A DETAILED REVIEW OF THE

FORM 990 WITH THE INDEPENDENT ACCOUNTANTS WHO PREPARED THE 990. THE BOARD

ALSO REVIEWS A COPY OF THE 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES EACH BOARD MEMBER AND SIGNIFICANT COMMITTEE

MEMBERS TO SIGN A CONFLICT OF INTEREST STATEMENT EACH YEAR. ANY POTENTIAL

CONFLICTS ARE IMMEDIATELY DISCUSSED.

FORM 990, PART VI, SECTION C, LINE 19:

THESE DOCUMENTS ARE AVAILABLE IN THE MMEG OFFICE AND ARE AVAILABLE UPON REQUEST.

CONTRACTED STAFF:	
PROGRAM SERVICE EXPENSES	15,488.
MANAGEMENT AND GENERAL EXPENSES	17,257.
FUNDRAISING EXPENSES	11,505.
TOTAL EXPENSES	44,250.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	44,250.

FORM 990, PART XII, LINH	2C:	
LHA For Paperwork Reduction Act Notice, s	ee the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2019)
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Name of the organization MARGARET MCNAMARA EDUCATION GRANTS	Employer identification number
THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROC	CESS OR
SELECTION OF AN INDEPENDENT AUDITOR PROCESS DURING THE YE	EAR
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Schedule O (Form 990 or 990-EZ) (2019)

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Schedule O (Form 990 or 990-EZ) (2019)

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